

Nebraska DDD/MLTC Waiver Workgroup: Provider Enrollment
March 18, 2016

Participants: Dave Barrett, Kim McFarland, Pam Hovis, Ladonna Shippen, Mary Conaway, Melinda Abbott, May Faith, Erin Raabe, Linda Redfern, Daryn Richardson, Carol Forsman

Notes Recorder: Kim McFarland and Dave Barrett

Next Meeting (date/time): N/A – see discussion thread below for details

Agenda:

- 1) Introductions
- 2) Sign in Sheet
- 3) Questions before getting started
- 4) Review of last meeting's minutes
- 5) Clarification of workgroup mission and goals
- 6) Introduction of the parking lot
 - a. Items that we would like to address down the road
 - i. Modules for Provider Enrollment
- 7) Discussion of Waiver Application contents that relate to Provider Enrollment
- 8) Discussion of the CMS questions related to Provider Enrollment
- 9) Next steps:
 - a. Assignments/Persons responsible/Due date
 - b. Review today's meeting
 - c. Agenda items for next meeting

	Person Responsible	Discussion	Action Item
Clarification of workgroup mission and goals	Dave Barrett	Dave Barrett reviewed the original intent of the workgroup and what the intended results are and what	Discussions of future process changes need to be sent to the parking lot. This means that the discussion about provider

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		they need to address. The “now” is the priority and needs to be the focus. Future plans need to be set aside.	enrollment modules needs to be tabled for now.
Change to Appendix C: Participant Services, C-2: General Service Specifications	Pam Hovis	Dave Barrett noticed a discrepancy between what is currently done and what is stated in the Waiver application. In paragraph three, second sentence: “A provider orientation for interested parties is held at regularly scheduled times at least 3 times per year . . . “Orientation is currently provided on a monthly basis. The wording in the Waiver application needs to be updated to reflect this change. Everyone was in agreement with this change.	Pam Hovis will change Waiver application wording from 3 times per year to monthly.
Change to Appendix C: Participant Services, C-2: General Service Specifications	Pam Hovis	Dave Barrett noticed that paragraph four, second sentence, “At least two DDD staff persons will review,” needs a change in wording to “Designated staff will review the paperwork and provide feedback to the prospective agency.” Everyone was in agreement with this change.	Pam Hovis will change the wording to “Designated staff will review the paperwork and provide feedback to the prospective agency.”
Change to Appendix C: Participant Services, C-2: General Service Specifications	Pam Hovis	Dave Barrett noticed that paragraph four, fifth sentence, “Towards the end of that six-month period, an on-site review will be conducted by the DDD certification team,” needs to be updated. The team is now in Public Health. Everyone was in agreement with this change.	Pam Hovis will change the wording to indicate Public Health survey team will conduct the on-site review.
Change to Appendix C: Participant Services, C-2: General Service Specifications	Pam Hovis	Joan Speicher-Simpson, a workgroup member who was not able to attend, submitted her input in writing. Her input – paragraph two, sentence #1 should be changed. It currently states, “DDD Central Office staff is responsible for certification and contracting...” This should actually state, “DDD Central Office staff is responsible for provisional certification and completing a provider agreement with the new provider.” This more	Pam Hovis will change the wording to “DDD Central Office staff is responsible for provisional certification and completing a provider agreement with the new provider.”

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		accurately describes what DDD Central Office is responsible for in the Provider Enrollment process.	
Question 1 from CMS: Please specify whether service provider agencies and individual providers are checked against the Medicaid Excluded Provider list.	Pam Hovis	The workgroup discussed who completes this step. The current contracted vendor completes all necessary background checks. The workgroup discussed listing all the types of background checks completed by vendor. Everyone was in agreement with this response.	Pam Hovis will list in the Waiver application the types of background checks completed by current vendor.
Question 2 from CMS: What is the typical timeframe it takes to enroll a new provider agency?	Dave Barrett and Pam Hovis	The workgroup discussed which timelines could/should be written in the Waiver application and whether it is even possible to state what the timelines are for prospective providers to enroll. The workgroup determined that using the existing Operational Guidelines for Provider Enrollment, a list of the timelines used by DDD staff for the provider enrollment process should be written into the Waiver application. The workgroup agreed that it is not possible to list the timeline it takes a provider to complete their end of the transaction, but we can at least list DDD timelines.	Dave Barrett will provide Pam Hovis with a list of the timelines as outlined in the Provider Enrollment Operational Guideline. Pam Hovis will enter that information into the Waiver application.
Question 3 from CMS: What is the typical timeframe it takes to enroll an independent provider?	Kim McFarland and Pam Hovis	Melinda Abbott indicated that before the contracted vendor the timeline was typically 15-30 days. At this point, it is unclear what the contracted vendor timeline has become, but the goal is to get back to the 15-30 days.	Kim McFarland will request updates from Mike Baumfalk, Medicaid Projects Manager, on the timelines for independent providers. Kim will then provide that information to Pam Hovis to include in the response to this CMS question.
Review of any next steps or remaining	Dave Barrett, Kim	Dave Barrett asked Pam Hovis if all questions had been addressed adequately, and if the workgroup had	N/A

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tasks for this workgroup	McFarland, Pam Hovis	reviewed the relevant Waiver application content completely enough. Pam stated that all questions had been addressed sufficiently and that there were no other issues to be addressed regarding Provider Enrollment in the Waiver application. Dave asked the workgroup for any further comments, questions or suggestions and there were none. Since there is nothing further for this group to discuss, comment upon or suggest, the workgroup was in unanimous agreement to suspend meetings indefinitely until a need arises to re-form.	

Considerations for 2017: Parking Lot: Modules for provider enrollment